

ASAM American Society of Addiction Medicine

NEW MEMBERSHIP APPLICATION

Name: _____ Degree: _____

Position: _____

Organization: _____

License # (Active members must submit required license certification): _____

Street Address: _____ P.O.Box: _____

City: _____ State/Province: _____

Zip + 4: _____ Country: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Other Memberships (Check all that apply)

AMA AOA State Medical Society County Medical Society

For identification purposes only

Date of Birth: ____/____/____ Social Security #: ____-____-____ Gender: M F

How did you hear about ASAM? _____

Did an ASAM member tell you about the Society? YES NO

If so, please provide the member's:

Name _____

Organization _____

Primary Specialty _____

Secondary Specialty _____

Length of Residency _____ Year Completed _____

Board Certified (Name) _____

Check the appropriate box to request that your contact information be **EXCLUDED**

from 2009 Approved Mailing List Rentals Members Only Directory

On-line Directory available to the public (Doctor Finder)

Professional Interests: (please check up to two areas of interest):

- | | |
|--|--|
| <input type="checkbox"/> Addiction Medicine in the Criminal Justice System | <input type="checkbox"/> Nicotine Dependence |
| <input type="checkbox"/> Child and Adolescent Addictions | <input type="checkbox"/> Pain and Addiction |
| <input type="checkbox"/> Cross Cultural Clinical Concerns | <input type="checkbox"/> Pharmacological Issues (<i>Opioid Agonist Therapies, Buprenorphine Training, Medications Development</i>) |
| <input type="checkbox"/> Developing Residencies and Fellowships | <input type="checkbox"/> Policy Development Guidelines |
| <input type="checkbox"/> Family & Generational Issues | <input type="checkbox"/> Practice Guidelines |
| <input type="checkbox"/> Forensic Medicine | <input type="checkbox"/> Screening and Brief Intervention |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Therapeutic Communities |
| <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Treatment Criteria (<i>Treatment Outcome & Clinical Performance Measures</i>) |
| <input type="checkbox"/> Medical Review Officer | |

Check type of membership that applies to you and refer to chapter dues structure for total membership dues.*

- Regular** *Licensed to practice allopathic or osteopathic medicine in the US.*
- Retired** *Completely retired from the practice of medicine or osteopathy.*
- Med Student** *Enrolled and in good standing in formally accredited allopathic or osteopathic medical schools. **Students must submit a certifying letter from their school upon application for membership.***
- International** *Reside or work outside the US or its territories; must maintain valid medical licenses in their country or province.*
- Resident** *Interns, residents, or fellows serving in an approved hospital or fellowship program. Must have a valid license in localities where required or an equivalent certifying document.*
- Early Career Physicians (ECP)** *Physicians in their first two years after completing an accredited Residency or Fellowship program OR is in the first two years of practicing addiction medicine on a full time basis.*

• National and Chapter dues payments (where applicable) are required.

• Payment Method (U.S. Dollars Only)

• TAX Information: EIN#13-3177396

• Your ASAM dues may be deductible as a business expense.

*See reverse side for state chapter dues structure.

Check # _____ Money Order

Credit Card: Visa MasterCard

Name on Card _____

Card # _____

Exp Date _____ 3 Digit Code _____

Signature _____

TOTAL PAYMENT ENCLOSED \$ _____

(Payment must accompany application form)

Check this box if you do NOT wish ASAM to automatically charge your credit card for future renewal dues.



American Society of Addiction Medicine

P.O. Box 80139 • Baltimore, Maryland • 21280-0139

Phone: 301-656-3920 • Fax: 301-656-3815 • www.asam.org • email@asam.org

All members of the national organization are required to join the chartered state chapter in their state of residence or work, and all members of a state chapter are required to join the national organization. The intent is a unified chapter/national membership.

Chapter Membership Dues

REGULAR RETIRED RESIDENT STUDENT ECP

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*Inactive Chapter

(Chapter rates are subject to change)

If you do not see your state listed, there is not yet an ASAM chapter in the area. Please contact the ASAM office for information regarding forming a chapter.



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